

POSITION	INITIALS	ID NO.	DATE
<b>FEES DETERMINATION</b>			
<b>O.I.P.E. CLASSIFIER</b>	M.T.W	52	06-22-01
<b>FORMALITY REVIEW</b>	M.W	820	8/6/01
<b>RESPONSE FORMALITY REVIEW</b>	A.T	1071	11/07/01

## INDEX OF CLAIMS

Rejected N ..... Non-elected  
 Allowed I ..... Interference  
 — (Through numeral) ... Canceled A ..... Appeal  
 Restricted 0 ..... Objected

Claim	Final	Original	Date
1	✓	✓	1/1/01
2	✓	✓	1/1/01
3	✓	✓	1/1/01
4	✓	✓	1/1/01
5	✓	✓	1/1/01
6	✓	✓	1/1/01
7	✓	✓	1/1/01
8	✓	✓	1/1/01
9	✓	✓	1/1/01
10	✓	✓	1/1/01
11	✓	✓	1/1/01
12	✓	✓	1/1/01
13	✓	✓	1/1/01
14	✓	✓	1/1/01
15	✓	✓	1/1/01
16	✓	✓	1/1/01
17	✓	✓	1/1/01
18	✓	✓	1/1/01
19	✓	✓	1/1/01
20	✓	✓	1/1/01
21	✓	✓	1/1/01
22	N	N	1/1/01
23	N	N	1/1/01
24	N	N	1/1/01
25	N	N	1/1/01
26	N	N	1/1/01
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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Reg  
8-2-01  
J-617  
11/01/01  
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